FEASIBILITY SURVEY REPORT ENABLING THE EXPANSION AND SUSTAINABILITY OF INTEGRATED RCH/INFECTIOUS DISEASES OUTREACH SERVICES THROUGH SKILL UPGRADATION, CAPACITY BUILDING AND WOMEN'S EMPOWERMENT IN RANCHI, JHARKHAND

Report

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New Delhi

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ENABLING CHANGE FOR WOMEN'S REPRODUCTIVE HEALTH

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CONTENTS

EXECUTIVE SUMMARY

BACKGROUND

Krishi Gram Vikas Kendra (KGVK), a non-governmental organization planned to provide integrated, quality, and sustainable RCH/Infectious diseases outreach services in Ormanjhi and Angara blocks of district Ranchi, Jharkhand. The NGO provides health care services to rural poor through two rural hospitals and 13 sub-centres spread over these two blocks. The services are planned to be provided through skill upgradation, capacity building and women's empowerment.

KGVK wanted to get a feasibility study conducted to explore the current household health status, source of utilization of health services and willingness of households to pay for specific services that KGVK plans to provide. The present study has been conducted by TNS MODE Pvt. Ltd., New Delhi at the request of KGVK and with technical support from CEDPA.

OBJECTIVES

The overall objective of the study is to explore the feasibility of providing the envisaged services.

The specific objectives of the study were:

- To know the awareness of families about KGVK facilities and the service provided by them.

- To know the type of services households avail through KGVK, Government and private sources and the cost incurred.

- To assess willingness of households to pay for comprehensive health insurance for the entire family for OPD services with investigations, indoor services or both of them.

- To know the preferred place/facility for having delivery and the reasons for preference. The amount the households would like to pay for delivery and comprehensive ante-natal care (check-ups, TT injections, IFA tablets) at KGVK hospitals.

- To know the type of services the families would like to avail from KGVK hospitals and sub-centres and the reasons for preferring KGVK health facilities.

- To assess the willingness of grass-roots level workers (ANM, TBAs, KGVK workers, private service providers, chemists and health samitis) to get involved in KGVK activities.

METHODOLOGY

The universe for the study was families residing in 60 villages of two blocks (Ormanjhi and Angara) of district Ranchi, Jharkhand. These villages are provided services through 2 hospitals and 13 sub-health centres. The samples of sub-health centres, villages and households were selected using multistage systematic random sampling procedure with selection of sub-health centres as the first stage, the villages as the second stage and households as the final stage unit.

Selection of Sub-Health Centres (SHCs): Three SHCs were selected randomly from each group of old and new SHCs. Thus in all, we had 6 SHCs in our sample.

Selection of Villages: Three-four villages from each SHC were selected through Probability Proportion to Size (PPS) to have 20 villages for the study.

Selection of Families: In each selected village, 15 families were selected through systematic random sampling procedure with a provision of replacement, if any selected family was not available at the time of visit in the village. In all, 300 families were covered under the study.

To supplement the information on specific objectives (mentioned in Chapter 1), a re-survey was conducted among 105 households from 8 villages falling under 4 SHCs (2 each from Ormanjhi and Angara blocks). Further, these households were selected by following the same procedure as was adopted for selecting the original sample of 300 households.

In addition to the above sample of 405 families (300+105), service providers catering to the sampled areas were also interviewed. These included; Auxiliary Nurse Midwives (7), Traditional Birth Attendants (16), KGVK Health Workers (11), Private Health Service Providers (10), Chemists (13), and Health Samitis (18).

SALIENT FINDINGS

Awareness of KGVK Health Facilities and Services

- Out of 300 respondents, 184 (61 percent) had the knowledge about KGVK health workers and sub-centres in their area. Out of those having knowledge, 70 percent reported to have ever met KGVK workers. Seventy four percent of them met them at KGVK health centre, 9 percent at home and 16 percent in the village. Out of 129 respondents who had ever met KGVK workers, 69 percent had received one or the other service.

- Again 139 (46 percent) out of 300 respondents had heard about KGVK doctors. Out of them, 44 percent reported to have ever met them. Out of those respondents who met KGVK doctors, 69 percent met doctors at KGVK sub-centre, 26 percent at KGVK hospital and 5 percent at some other place. Out of them, 79 percent reported to have received service from these doctors.

- Only 26% of families had shown their satisfaction with the health services being provided by KGVK.

Utilisation of Services

- Government facilities were utilized mainly for child immunization while private health facilities were mainly opted for ultrasound, pathological and other laboratory tests and delivery purposes.
- Average amount paid for normal delivery at KGVK facility was Rs. 100/- as compared to private health facilities where on average Rs. 450/- were charged for delivery.
- Male/female sterilization is cheaper (average cost Rs. 200/-) at KGVK facility, while it was Rs. 500/- at private health facility.
- Even average amount spent for general illness at KGVK facility (HC or hospital) (Rs. 105/-) is less than private health facilities (Rs. 313/-).

Preferred Facility/Place for Delivery

- About 49 percent of families preferred medical college hospital/Govt. hospital/clinic as the place for delivery. Main reason for preferring was ‘reasonable and affordable cost’.

- One-fifth of families preferred private hospital/clinic due to ‘availability of doctors most of the time’ and 13% families preferred KGVK hospital due to nearby to the residence. The reasons for preference for KGVK hospital were ‘nearby to the residence’ and ‘reasonable and affordable cost’.

- The major reason for not preferring KGVK facility for delivery was 'lack of knowledge of KGVK facility'.

Willingness to Pay for Comprehensive Health Insurance

- 88% of the families were willing to pay for comprehensive health insurance for their entire family for OPD services with investigations and indoor services.

- On average a family was willing to pay Rs. 42/- per month (among the willing families) for the comprehensive health insurance. Families with monthly income of up to Rs. 2000, were willing to pay Rs. 32/- per month, while those with monthly income of more than Rs. 2000 were willing to pay Rs. 71/- per month.

Willingness to Pay for Comprehensive Ante-Natal Care

- All families were willing to pay to KGVK for comprehensive ante-natal care (including ante-natal check-ups, TT injections, IFA tablets) and delivery at KGVK hospital.

- For ANC and natal care, they were willing to pay an average amount of Rs. 184.60.

Willingness to Avail Type of Services from KGVK Facilities

- All families had expressed their desire to avail all services, including outdoor consultancy services, indoor services and all types of surgery including major and minor operations,

- All families wanted to get investigations done including testing of blood, urine, stool, X-ray, ECG etc.

- Diagnosis and treatment of some common diseases such as malaria, diarrhoea, ARI, RTIs/STIs, eye problems were the other problems mentioned.

- Other services mentioned were ante-natal care during pregnancy, natal care/ delivery and post delivery complications to be attended at KGVK hospitals.

- Services/counseling on family planning, nutrition and immunization of children against six vaccine preventable diseases (tuberculosis, diphtheria, pertusis, tetanus, polio myelitis and measles) at the KGVK sub-centres were also reported.

Services Availed from Private Sources

In re-survey families were specifically asked about what services they were getting from private sources. Their main finding are presented below:

Family Planning

- 3 women had tubectomy from private sources by paying an average amount of Rs. 417/-.

- One woman had IUD insertion by paying Rs. 50/-.

- 6 women had oral pills and paid Rs. 2/- for Mala-D brand and Rs. 5/- for Apsara brand for 30 tablets for a cycle.

- 2 persons received condoms by paying Rs. 2/- for a packet of 5 pieces of deluxe nirodh and Rs. 10/- for a packet of Mithun condoms.

Investigations/Tests

- 28% households had blood test done for any member of their family by paying an average, amount Rs. 68.30 in a range of Rs. 25 to Rs. 150 depending upon the type of blood test.

- 18% households had urine test done for any member of their family by paying Rs. 58.40 in a range of Rs. 20 to Rs. 150 depending upon the type of urine test.

- A few (3 families) had stool tested for any member in their family by paying Rs. 40/-.

- 18% had X-ray done for any member in their family. On average, they paid Rs. 128.40 for it ranging between Rs. 70 and Rs. 350/-.

- 2 households had ECG done for any member in their family. Each of them paid Rs.100/-.

- 6% households had ultrasound done for any member in their family. On average, they paid Rs. 392.90 (range Rs. 250 to Rs. 750 depending upon the type of ultrasound).

- A few households (4) had any major operation done for any member in their family. On average, they paid Rs. 18,800/- per major operation inclusive of all investigations/tests and other charges, with range between Rs. 7000/- and Rs. 25,000/-. Two each underwent operation for hydrocil and gallbladder stone removal.

- A few households (3) had any minor operation done for any member in their family by paying amount of Rs. 466.70 ranging between Rs. 300 and Rs. 500/- including all investigations/tests.

Diagnosis and Treatment

- 59% households spent an average amount of Rs. 182.20 (range Rs. 30/- to Rs. 500/-) for diagnosis and treatment of malaria for any member in their family.

- 15% households spent for diagnosis and treatment of diarrhoea for any member of their family an average amount of Rs. 278.45 (range Rs. 15/- to Rs. 500/-).

- A few households (3) had diagnosis and treatment of ARI, by incurring an average, expenditure of Rs. 103.35 (range Rs. 50/- to Rs. 200/-).

- A few households (3) had diagnosis and treatment of eye problems for any member in their family. On average, they spent Rs. 500, with range between Rs. 400/- and Rs. 700/-.

- 3 women had pregnancy complications and spent Rs. 300/- , Rs. 613/- and Rs. 1500/-on treatment depending on the type.

- One respondent spent Rs. 400 for treatment of delivery complications and 3 respondents for treatment of any post-delivery complications. On average, Rs. 280/- were spent for treatment of post-delivery complications.

- 85% households availed the services of some private facility for normal delivery. On average, they spent Rs. 293.10 ranging between Rs. 250/- and Rs. 500/-.

- Eleven respondents reported to have utilized the services of some private facility for caesarian section. On average, they spent Rs. 3663.65 ranging between Rs. 1000/- to Rs. 4500/-.

Views of Service Providers

- All service providers covered under the survey were aware of KGVK health facilities and showed their willingness for strong association with KGVK facilities.

- All had intention to strengthen the KGVK facilities through their involvement.

RECOMMENDATIONS

Based on the responses of households and service providers at grass root level interviewed under the study and our own observations in the field, the following recommendations are made:

- Knowledge of KGVK health facilities in the community is good, but still there is a scope to enhance it by organising special awareness campaigns. For this, health samitis should be involved.

- As almost all households had shown their willingness to have comprehensive health insurance for both OPD services with investigations and indoor services for their entire family and comprehensive ante-natal care (including ante-natal check-ups, TT, IFA tablets and delivery at KGVK hospitals), KGVK must go for these insurances, but see that the amount should be at reasonable and affordable cost so that more and more people in the community may adopt them.

- When households were specifically asked where they would like to have delivery conducted, only 13 percent preferred for KGVK hospitals. 'Non-availability of doctors all the time and 'wider range of services were mentioned as the main reasons for not preferring KGVK hospitals. It is therefore recommended that KGVK authorities should ensure availability of these facilities at their hospitals.

- Involvement of the grass roots level workers, especially TBAs, private health service providers, chemists and health samitis, in all programmes of KGVK should be ensured.

- Referral networking should be developed with private health service providers by giving them some incentives.

- Some strategy should be developed to strengthen collaboration between KGVK health workers and grass roots level workers and private health service providers.

CHAPTER I

INTRODUCTION

1.1 BACKGROUND

Situated in the eastern part of India, the state of Jharkhand was carved out of Bihar on 15th November 2000. Jharkhand ranks at the lowest among the eight "weak" states of India in a recent report by the Empowered Action Group (EAG), a body set up by the National Commission on Population to focus on the states that have below average socio–demographic indices. Jharkhand is 7th among those eight states in women's education with a dismal show of 39.38 percent against the national figure of 54.28 percent with 50.8 percent of girls marrying below the age of 18 years.

The IMR is 54.3 per 1000 live births, with a mere 8.8 percent of children 12-23 months being fully immunized. The number of deliveries attended by a trained/skilled attendant is mere 17 percent, the lowest among the eight "weak states". The reproductive and child health scenario is fairly bleak with the CPR for modern contraceptive methods at 24.9 percent, 45 percent of women reporting a reproductive health problem, and only 15 percent of women being aware of AIDS. Contraceptive Prevalence Rate (CPR) for any method in Jharkhand is a meager 27.8 percent in comparison to the national figure of 48.1 percent. Less than half (42.7%) of pregnant women receive any ANC, again far below the all India figure. In Jharkand, 60.8 percent of the people live below the poverty line.

Krishi Gram Vikas Kendra (KGVK) is a non-governmental voluntary organization, established in 1972, to promote socio-economic development in the vicinity of Ranchi in Jharkhand. Their mission is "to help people of rural Jharkhand evolve and adopt integrated and indigenous processes by which they can assume responsibilities to manage their own resources, define their needs and take decisions that improve their well being". KGVK provides services for community development, such as: health care, watershed management, livestock management etc. The NGO provides health care facilities to rural poor through the following facilities established under USAID (PVOH-1) Scheme:

- Two rural hospitals—one hospital with 12 beds at Rukka (Ormanjhi Block) and another with 6 beds at Narain Soso (Angara Block) of Ranchi District; and

- Thirteen Health Sub-Centres spread over these two blocks.

1.2 THE PROJECT

Project Goal

The goal of the project is to enable KGVK to provide integrated, quality, and sustainable RCH/Infectious disease services in Ormanjhi and Angara Blocks and the surrounding community of Usha Martin dispensary in Ranchi by upgrading provider's skills, capacity building and women's empowerment and initiating HIV/AIDS activities through a consortium of industries in Jharkhand.

Objectives

1. Increase use of integrated RCH/infectious disease services by expanding the provision of quality, gender-sensitive, sustainable outreach service delivery.

1.1 Expanding outreach services through the sub centres from approximately 25,000 population in 19 villages to 50,000 population in 40 villages of Ormanjhi and Angara blocks.

1.2 Introducing outreach services in 20 surrounding villages of the Usha Martin Ranchi dispensary covering 20,000 population.

1.3 Continue providing quality RCH and infectious diseases services to surrounding 30,000 population through the two KGVK Rural hospitals in Ormanjhi and Angara blocks.

1.4 35 percent CPR for modern contraceptive methods in the original 19 villages and 5 percentage points above the baseline for the additional 21 villages in the Ormanjhi and Angara blocks through expanded informed choice and improved quality of care and counseling.

1.5 Expand choice by increasing the type of effective family planning methods by introducing Injectables, NSV, Minilap, LAM, and SDM and introduce social marketing of pills, condoms and injectables.

1.6 75 percent of pregnant women receiving basic ante-natal care (3 ANC check-ups, 2 TT doses and 100 IFA) in existing 19 villages and 10 percentage points increase from the baseline in the 21 additional villages in Ormanjhi and Angara blocks.

1.7 40 percent of deliveries attended by a trained/skilled person in original 19 villages and increase by 10 percentage points above the baseline in additional 21 villages in Ormanjhi and Angara blocks.

1.8 Upgradation of skills of service providers through the provision of technical updates on contraceptives and infectious diseases and competency-based training on counseling, infection prevention, IUCD insertion/removal, provision of spacing methods including Injectables, Minilap and NSV, STD diagnosis and treatment, training of trainers, and HIV/AIDS prevention, counseling and testing.

1.9 Forge alliances with the State Government, Pachayati Raj Institutions, NGOs and corporate sector by making this a model private-public partnership project.

1.10 Increase financial sustainability (cost recovery) of the rural hospitals from 50 percent to 65 percent and for the sub-centres from 15 percent to 35 percent through increased community contribution, management and ownership, introduction of social marketing and piloting a women's empowerment model of integrating RCH/Infectious diseases prevention into women's Self-Help Groups.

2. Initiate a Consortium of Industries that will plan, pilot and implement IEC activities for the Prevention of HIV/AIDS among industrial workers, migrant workers and high-risk groups, such as truckers, in Jharkhand.

1.3 THE FEASIBILITY STUDY

Krishi Gram Vikas Kendra planned to provide integrated, quality, and sustainable RCH/Infectious diseases outreach services in Ormanjhi and Angara blocks of district Ranchi, Jharkhand. The NGO provides health care services to rural poor through two rural hospitals and thirteen sub-centres spread over these two blocks. The services are planned to be provided through skills upgradation, capacity building and women's empowerment. KGVK wanted to have a feasibility study conducted to explore the current household health status, source of utilization of health services and willingness of households to pay for specific services that KGVK plans to provide.

The present study has been conducted by TNS MODE Pvt. Ltd., New Delhi at the request of KGVK and with technical support from CEDPA. The specific objectives of the study were:

- To know the awareness of families about KGVK facilities and the service provided by them
- To know the type of services households avail through KGVK, Govt. and private sources and the cost incurred
- To assess willingness of households to pay for comprehensive health insurance for the entire family for OPD services with investigations, indoor services or both of them.
- To know the preferred place/facility for having delivery and the reasons for preference. The amount the households would like to pay for delivery and comprehensive ante-natal care (check-ups, TT injections, IFA tablets) at KGVK hospitals.
- To know the type of services the families would like to avail from KGVK hospitals and sub-centres and the reasons for preferring KGVK health facilities.

- To assess the willingness of grass-roots level workers (ANM, TBAs, KGVK Workers, private providers, chemists and health samitis) to get involved in KGVK activities.

1.4 THE REPORT

The report has been presented in six chapters.

Chapter 1 presents the background and goals of the project and need and objectives of feasibility study. Chapter 2 discusses the Methodology and Data Collection of the study. Chapter 3 is on profile of families. Next two chapters (Chapter 4 and 5) present the awareness and utilization of health care services by the households and willingness to pay for comprehensive insurance and the services the households would like to utilize from KGVK facilities. Chapter 6 is on grass roots level service providers, focused on their willingness to get involved in the activities.

Executive summary precedes the main report.

CHAPTER II

METHODOLOGY AND DATA COLLECTION

2.1 BACKGROUND

This chapter gives study design including sampling methodology, type of respondents covered and sample coverage and scope of data collection. It also provides information on recruitment of field staff and their training, field work, analysis of data and chapterisation plan of the report.

2.2 STUDY DESIGN

Sampling Methodology

The universe for the study was families residing in 60 villages of two blocks (Ormanjhi and Angara) of district Ranchi, Jharkhand. These villages are provided services through 2 hospitals and 13 KGVK Health Centres (HC). The samples of -Health Centres, villages and households were selected using multistage systematic random sampling procedure with selection of sub-health centres as the first stage, the villages as the second stage and households as the final stage unit.

Selection of KGVK Health Centres (HCs): Three HCs were selected randomly from each group of old and new HCs. Thus in all, we had 6 HCs in our sample.

Selection of Villages: Three to four villages from each HC were selected through Probability Proportionate to Size (PPS) to have 20 villages for the study.

Selection of Families: In each selected village, 15 families were selected through systematic random sampling procedure with a provision of replacement, if any selected family was not available at the time of visit in the village. In all, 300 families were covered under the study.

To supplement the information on specific objectives (mentioned in chapter 1), a re-survey was conducted among 105 households from 8 villages falling under 4 SHCs (2 each from Ormanjhi and Angara blocks). Further, these households were selected by following the same procedure as was adopted for selecting the original sample of 300 households.

Selection of Service Providers: In addition to the above sample, service providers catering to the sampled areas were also interviewed. They included the following: i) Auxiliary Nurse Midwives (ANMs), ii) Traditional Birth Attendants (TBAs), iii) KGVK Health Workers, iv) Private Health Service Providers, v) Chemists, vi) Health Samitis.

Sample Coverage

Following was the sample coverage:

Type of Respondent	Sample covered
Households	300+105 (re-survey)
ANMs	7
Traditional Birth Attendants	16
KGVK Health Workers	11
Private Health Service Providers	10
Chemists	13
Health Samitis	18

2.3 SCOPE OF DATA COLLECTION

Data was collected using structured questionnaires from following respondents:

Family members

Profile of respondents and their families including age, sex, number of earning members in the family, monthly income etc. Awareness and utilization of health and family welfare services (by sources), especially for women and children and the cost incurred. Willingness to pay for comprehensive health insurance and complete ante-natal care and preference to place/facility for delivery etc.

ANMs

Profile of ANMs such as age, total number of years in service, years of working in the present sub-centre, place of residence, education and professional qualification, services being provided at the sub centre, medicines/items available at the sub-centre, awareness of KGVK health facilities in the area and activities of KGVK in which they want to be associated.

Traditional Birth Attendants (TBAs)

Profile of TBAs including age, place of residence, number of years of experience as dai, educational status and whether dai is their family vocation; training details on whether received any training, agency who provided the training and if not received any training whether interested to have training at KGVK, services being provided in terms of number of deliveries conducted in a year, use of DDK in conducting deliveries, mode of procuring DDK and fee being charged per delivery and activities of KGVK in which they are interested to be associated.

KGVK Health Workers

Background characteristics including age, number of years in service, place of residence, educational qualification, whether received any training as a health worker, monthly income from KGVK centre including Rs. 500/- as honorarium, services being provided at the sub-centre, support/help received from health samiti, TBA and private Health Service providers and interaction with them.

Private Health Service Providers

Background information such as, age, sex, place of providing services, number of years practicing and specialization field, if any; type of services being provided, timings for providing services, amount of fee being charged from patients, number of patients being attended per day, whether providing medicines and referral services, place of referral and type of family planning and health related products being stocked, awareness of health facilities of KGVK in the area and how they wanted to be associated with KGVK activities.

Chemists

Background characteristics, such as age, educational attainment, residential status, number of years since running the shop, timings and close day of the shop and type of family and health related products being stocked.

Members of Health Samitis

Whether the samiti is registered and if so, year of registration and number of members in the samiti, profile of respondents such as, age, education, number of years since residing in the village, position held in the samiti and whether elected or appointed to this position and objectives and activities of the Samiti.

2.4 RECRUITMENT, TRAINING AND FIELD WORK

A total of 20 field persons were locally recruited for conducting the survey in Jharkhand. Most of the field interviewers and supervisors held a master's degree. A total of 5 field teams were formed. Each team consisted of 3 male/female interviewers and 1 male supervisor. The training of field staff for the survey was organized during 1st week of August, 2002 at Ranchi. MODE's field executives and field officers were involved in imparting the training to the field staff. During training, mock interviews were also conducted to make the field staff understand all the questionnaires fully.

After the training, the teams were taken to the field to collect data in the presence of trainers. Their filled in questionnaires were thoroughly scrutinized to check gaps in their understanding of the questionnaires. Such class and field exercise were repeated till the

trainers were satisfied that the field teams had full understanding of the questionnaires.

Twenty percent of all the completed questionnaires were back checked by the field officers. Thereafter, 5 percent of the data from the whole lot of questionnaires were back checked by senior officials of MODE. All service providers were interviewed by supervisors of the field teams and field officers. Thereafter, completed questionnaires were dispatched to TNS MODE's office at Delhi.

Reference period for the main field work was August to September, 2002 and the re-survey was conducted during January, 2003

2.5 ANALYSIS OF DATA

All the completed questionnaires were brought to central office at Delhi for data processing. This process consisted of office editing, coding, data entry and consistency and validation checks. Although field supervisors and field officers edited the completed questionnaires in the field, the questionnaires were re-edited at Delhi office by specially trained office editors. A data dump check was also carried out at the final stage before processing at MODE's office in Delhi. The data analysis was done using MERLIN (specialized internationally popular product from Merlinco and data Inc. UK) survey data analysis software.

All completed questionnaires for service providers were manually analyzed by the researchers.

CHAPTER III

PROFILE OF FAMILIES

The demographic and socio-economic profile of families and individual respondents is as follows.

3.1 PROFILE OF FAMILY MEMBERS

The age distribution is typical of high fertility population, with a high proportion of population in the younger age groups of below 13 years (38%). Only 10 percent of persons were in age brackets of 13-19 years and 51 percent had crossed 19 years of age as shown in Table 3.1.

The sex ratio (i.e. females per 1000 males) was 971. The average family size was 6 persons (3 males and 3 females).

The average family income per month was Rs. 2041/- with 67 percent of the families having an income of upto Rs. 2000/-, 21 percent had an income ranging between Rs. 2001 to Rs. 3000 and only 12 percent had an income of more than Rs. 3000.

Table 3.1: Profile of Family Members

Particulars	Percentage
Age distribution	
Total	**(N=1896)**
<13	38.3
13-19	10.3
19+	51.4
Male	**(N=962)**
<13	36.8
13-19	12.4
19+	50.8
Female	**(N=934)**
<13	39.9
13-19	8.1
19+	51.9
Sex Ratio (females per 1000 males)	**(N=971)**
Average family size	6.3
Total no. of earning members	**(N=470)**
1-2	73.4
3.-4	17.9
5+	8.7
Average per family	1.6
Monthly family income	**(N=300)**
≤1000	28.0
1001-2000	39.3
2001-3000	20.7
3001-4000	6.7
>4000	5.3
Average (Rs)	2041

3.2 PROFILE OF RESPONDENTS

Out of 300 respondents, 151 (i.e. 50.3%) were males and 149 (i.e. 49.7%) were females. The average age of respondents was about 31 years, with 32 years for males and 29 years for females (Table 3.2).

Table 3.2: Profile of Respondents

Particulars	**Percentage**
Sex	**(N-300)**
Male	50.3
Female	49.7
Age (in years)	
Male	**(N-151)**
<25	13.9
25-34	47.7
35-44	25.8
45 and above	12.6
Average (in years)	**32.1**
Female	**(N-149)**
<25	30.2
25-34	37.5
35-44	30.3
45 and above	2.0
Average (in years)	29.1
Total	**(N-300)**
<25	22.0
25-34	42.6
35-44	28.1
45 and above	7.3
Average (in years)	30.6

CHAPTER IV

AWARENESS AND UTILISATION OF SERVICES

Information was collected in the field on awareness of respondents about health care services of the KGVK and their utilization, satisfaction with the services utilized and the reasons for preference. The responses received have been presented and briefly discussed in this chapter.

4.1 AWARENESS ABOUT KGVK HEALTH WORKERS

Out of 300 respondents, 184 (61 percent) had the knowledge about KGVK health workers and KGVK Health centres in their area. Out of those having knowledge, 70 percent reported to have ever met KGVK workers. Seventy-four percent of them met the KGVK worker at a KGVK health centre, 9 percent at home and 16 percent in the village. Out of 129 respondents who had ever met KGVK workers, 69 percent had received one or the other service (Table 4.1).

Table 4.1: Awareness about KGVK Health Worker and Sub-Centre

Particulars		Percentage
Heard about KGVK worker	**(N=300)**	61.3
Ever met KGVK worker	**(N=184)**	70.1
Place of meeting	**(N=129)**	
KGVK Health Center		73.6
Home		9.3
Village		16.3
Ever received services from KGVK health worker (N=129)		69.0

4.2 AWARENESS ABOUT KGVK DOCTORS

Again 139 (46.3 percent) out of 300 respondents had heard about KGVK doctors. Out of them, 43.9 percent reported to have ever met them. Out of those respondents who met KGVK doctors, 68.9 percent met doctors at KGVK HC, 26.2 percent at KGVK hospital and 4.9 percent at some other place. Out of them, 78.7 percent reported to have received service from these doctors (Table 4.2).

Table 4.2: Awareness about KGVK Doctors

Particulars		Percentage
Heard about KGVK doctors	**(N=300)**	46.3
Ever met KGVK doctors	**(N=139)**	43.9
Place of meeting	**(N=61)**	
Sub center		68.9
Hospital		26.2
Village		4.9
Ever-received services from KGVK Doctors	**(N=61)**	78.7

4.3 UTILISATION OF SERVICES

The leading services utilized from any source were of child immunization (94%), ante-natal care (72%), general illnesses (69%), child illnesses (38%) and delivery (12%), laboratory and pathology tests were another important services utilized by 45 percent of the families for diagnosis. Other services utilized by less than 5% of families were of new born care, treatment of RTI/STI, routine examination, ultrasound etc.

The services availed from any govt. facility were: child immunization (73%), treatment for STI/RTI (50%), child illness (46%), antenatal care (45%) and family planning services (75% for Cu-T and 43% for condom/pills). It was found that male and female sterilization services (81%) were mainly availed through government facilities.

On the other hand, services availed from KGVK were child illness (26%), general illness (23%), child immunization and RTI/STI (17% each), routine examination (14%), antenatal care (12%) and laboratory investigations (10%). It was also found that 22% families availed services for condoms/pills.

Type of services availed from private sources by the families were ultrasound (83%), pathological tests (77%), newborn care (75%), laboratory investigations (71%) and deliveries (69%). One can easily note that all these mentioned services are those which are crucial for the families and really need quality care to be taken at all levels (Table 4.3).

As expected services of child care, maternal care and family planning were utilized by higher proportion of respondents from Government facilities compared to KGVK and private facilities, mainly because the services were 'free'. Most of the other services such as delivery, investigations (laboratory and pathological tests), treatment of general diseases routine examination, ultrasound etc. were utilized by higher proportion through private facilities compared to the KGVK.

Table 4.3: Percentage of Respondents Availed Services from Various Sources

(Percentage)

Particulars	*N*	Sources from which availed		
		Govt.	KGVK	Private
Child Illness	113	46.0	25.7	28.3
Child Immunization	281	72.9	16.7	10.7
ANC	217	45.2	12.4	42.4
Pathological Test (Blood/urine)	64	14.1	9.3	76.6
Delivery	36	25.0	5.6	69.4
Newborn Care	4	25.0	-	75.0
RTI / STI	6	50.0	16.7	33.3
Routine examination	14	28.6	14.3	57.1
Ultrasound	12	16.7	-	83.3
General Illness (Malaria, fever, cough/cold, diarrhoea etc.)	208	21.1	23.1	55.8
Laboratory Tests (Hb, sputum, pregnancy test, stool, etc.)	70	18.6	10.0	71.4
Family Planning				
— Condom/Pills	9	42.9	22.4	34.7
— Cu-T	4	75.0	-	25.0
— Male/Female sterilization	74	81.1	5.4	13.5

4.4 AVERAGE AMOUNT PAID FOR SERVICES

Effort was made to know the average amount spent by the families on various services availed from KGVK health facilities and other private health facilities. Table 4.4 shows the average amount spent by the number of families on different services. It is noteworthy that expenditure incurred on services availed from private sources were quite huge in comparison to KGVK facilities. A major shift can also be seen in the number of families opting private sources. As mentioned in the earlier section that families give more importance to quality care and possess impression that by paying more money one can avail better services. In majority of services, reasonable amount was charged by KGVK in comparison to private health facilities. Similarly, for family planning services KGVK's expenditure was less in comparison to private facility. Similarly, charges for delivery, RTI/STI, general illness and child illness were competitive in both the cases.

A total of 29 families spent on average Rs. 14/- for child illness at KGVK facility in comparison of private facilities where 32 families incurred Rs. 61/-. An average amount of Rs. 105/- were spent by 48 families at KGVK facility for general illness while 116 families spent Rs. 313/- at private facilities. For delivery, at KGVK facility on average Rs. 100/- were spent by 2 families as compared to Rs. 450/- were spent at private facilities by 25 families. It is worth mentioning that KGVK is providing medical care at substantially lower rates as compared to private facilities. Similarly, under family planning component, 1 family opted KGVK for male or female sterilization and spent Rs. 200/- while 2 families opted private health facilities for the same operation and spent Rs. 500/-.

Table 4.4: Average Amount Paid by the Respondents Who Availed Services from Various Sources

(in Rs.)

Utilized Services	N	KGVK	N	Private
Child Illness	29	14/-	32	61/-
Child Immunization	46	17/-	30	49/-
ANC	27	23/-	92	8/-
Pathological Test (Blood/urine)	6	75/-	49	137/-
Delivery	2	100/-	25	450/-
Newborn Care	-	-	3	100/-
RTI / STI	1	120/-	2	225/-
Routine examination	2	30/-	8	60/-
Ultrasound	-	-	10	470/-
General Illness (Malaria, fever, cough/cold, diarrhoea etc.)	48	105/-	116	313/-
Laboratory Tests (Hb, sputum, pregnancy, stool, etc.)	7	48/-	50	252/-
Family Planning				
— Condom/Pills	7	5/-	16	19/-
— Cu-T	-	-	1	20/-
— Male/Female sterilization	1	200/-	2	500/-

4.5 SATISFACTION WITH THE HEALTH SERVI CES

Only 26.3 percent of families had shown their satisfaction with the health services. Those who expressed their dissatisfaction, were further asked what type of improvements they wanted. Their responses have been listed out in Table 4.5.

Table 4.5: Satisfaction with the Health Services

Particulars	Percentage
Whether satisfied with the health services (N)	**300**
Yes	26.3
No	73.7
If not satisfied, type of improvements* needed (N)	**221**
Facility of medicines should be there	42.1
Doctor's availability is must at every day	38.0
All types of treatment should be there	26.2
Free medicine	22.6
Clinic Health centre should be nearer	19.0
Medicines should be available at reasonable price	16.7
Good quality of treatment	7.2
Specialist should be there	8.1
Timely availability of doctors	7.2
Availability of nurses/staff every day	5.9
Lab facility	6.3
Delivery facility	5.0
Proper care of patients	11.8
Free treatment	4.5
Lady doctors	0.9
Awareness campaigns should be organized	5.4
Operation facility	0.9

* Multiple responses

The main improvements respondents wanted were: facility for medicines (42.1%), availability of doctors (38%) and treatment facility (26.2%). However, 22.6 percent expressed that medicines should be made available free of cost and 16.7 percent opined that medicines should be available at reasonable price. The other improvements were: availability of health facility nearby their residence (19%), proper care of patients (11.8%), availability of specialists (8.1%), timely availability of doctors (7.2%) and lab. facilities (6.3%) etc.

4.6 PREFERABLE FACILITY/PLACE FOR DELIVERY

All respondents were specifically asked where they would like to have delivery conducted. Around one-half of them preferred to have delivery conducted at some medical college hospital/Government hospital/clinic and one-fifth of them would like delivery to be conducted at some private hospital/clinic, while 13.3 percent of respondents preferred KGVK hospital for delivery. However, 18 percent of respondents preferred home delivery, but it should be conducted by midwife (Table 4.6).

Table 4.6: Preferable Facility/Place for Delivery

Facility/Place	Percentage (N=300)
Medical college hospital/Govt. hospital/clinic	48.6
Private hospital/clinic	20.0
Home but delivery should be conducted by Midwife	18.1
KGVK Hospital	13.3

Reasons for preference to the facility: All the respondents were asked to state reasons why they preferred a particular facility/ place for delivery. Their responses have been listed out in Table 4.7

Table 4.7: Reasons for Preference

Reasons*	Preferable Facility/Place for Delivery			
	Medical college hospital/Govt. hospital/clinic (N=146)	Private hospital/ Clinic (N=60)	At Home by Midwife (N=54)	KGVK Hospital (N=40)
Reasonable and affordable cost	94.1	0.0	94.7	85.7
Availability of doctors all the time	33.3	85.7	0.0	7.1
Nearby to the residence	21.6	9.5	68.4	100.0
Availability of wider ranger of services	13.7	28.6	0.0	7.1
Good behaviour of doctors	13.7	33.3	0.0	0.0
Good behaviour of nurses	3.9	14.3	0.0	0.0
Good behaviour of health workers	11.8	14.3	10.5	42.9
No transport problem to go to the facility	9.8	61.9	10.5	0.0

***** Multiple responses

In all, 51 respondents had shown their preference to medical college hospital/Govt. hospital/clinic for delivery. Their main reasons for preferring this facility were: 'reasonable and affordable cost' (94.1%), 'availability of doctors all the time' (33.3%) and 'nearby to the resident' (21.6%). The main reasons for preferring private hospital/clinic for delivery were: 'availability of doctors all the time" (85.7%), 'no transport problem to go to the facility' (61.9%), 'good behaviour of doctors' (33.3%)

and 'availability of wider ranger of services' (28.6%). 'Reasonable and affordable cost" (94.7%) and 'availability of midwife nearby to the residence' (68.4%) were the two main reasons for those who preferred home delivery to be conducted by midwife. 'Nearby to the residence' (100%), 'reasonable and affordable cost' (85.7%) and 'good behaviour of health workers' (42.9%) were reported to be the main reasons by these respondents who preferred KGVK hospital for delivery.

4.7 TYPE OF SERVICES FROM PRIVATE SERVICE PROVIDERS

All respondents contacted under the study were asked what type of services they were getting from private service providers and at what rate. Their responses have been listed out in Table 4.8.

Table 4.8: Type of Service from Private Service Providers

Type of services	Number	Average Amount Willing to Pay (in Rs)	Range (in Rs)
Family Planning Services			
Female sterilization	3	416.70	150-800
IUD Insertion	1	50.00	50.00
Oral Pills	6	3.50	2-5
Condoms	2	6.00	2-10
Investigations/Tests			
Blood	29	68.30	25-150
Urine	19	58.40	20-150
Stool	3	91.70	40-150
X-ray	19	128.40	40-280
ECG	2	100.00	100.00
Ultrasound	7	392.90	250-750
Operation			
Major (Gallbladder stone etc.)	4	18800.00	7000-25000
Minor	3	466.70	300-500
Diagnosis &Treatment			
Malaria	62	182.20	30-500
Leprosy	0	-	-
Diarrhoea	16	278.45	15-500
ARI	3	103.35	50-200
RTI/STI	0	-	-
Eye problems	3	500.00	400-700
Pregnancy complications	3	613.30	40-1500
Delivery complications	1	400.00	400.00
Post Delivery complications	3	280.00	40-500
Delivery			
Normal	90	293.10	250-500
Caesarian Section	11	3663.65	1000-4500

Family Planning Services

Only 3 respondents, on average, paid Rs. 417 for female sterilization with range between Rs. 150 and Rs. 800/-. Only one respondent pointed out to have paid Rs. 50/- for IUD insertion. Of the six respondents who received oral pills, 3 paid Rs. 2 each for Mala-D brand, while other 3 paid Rs. 5/- each for Apsara brand. Only 2 respondents reported to have received condoms. Of these 2, one paid Rs. 2 for a packet of 5 pieces of deluxe Nirodh, while the other paid Rs. 10 for a packet of 10 mithun brand condoms.

Investigations/Tests

In all, 29 respondents paid, on average, Rs. 68 for blood test ranging between Rs. 25 and Rs. 150 depending upon the type of blood test from private facility. Nineteen respondents paid Rs. 58/- on average for urine test with range between Rs. 20 and Rs. 150 depending upon the type of urine test. Out of three respondents, 1 reported to have paid Rs. 40 for stool test, while other 2 respondents paid on average Rs. 92/- with range between Rs. 40/- to 150/- depending upon the type of stool test.

Diagnostic Services

Nineteen respondents had X-ray done for any member in their family. On average, they paid Rs. 128.40 for it ranging between Rs. 70 and Rs. 280/-. Only two respondents reported to have ECG done for any family member and they paid on average Rs. 100 for it. Only 7 respondents pointed out to have ultrasound for any family member and on average, Rs. 393 were paid for it ranging between Rs. 250 and Rs. 750 depending upon the type of ultrasound.

Operations

On average, 4 respondents paid Rs. 18,800/- per major operation including charges for bed and all investigations/tests, with range between Rs. 7000/- and Rs. 25,000/-, where 2 each underwent operation for hydrocil and removing stone. Only three respondents paid for minor operation, on average, Rs. 467/- ranging between Rs. 300 to 500/- including all investigations/tests.

Diagnosis and Treatment

A total of 62 respondents reported to have utilized the services of any private facility for diagnosis and treatment of malaria. They spent Rs. 182/- on average on it with range between Rs. 30/- and Rs. 500/-. Only 16 respondents reported to have spent Rs. 279/- on average, with range between Rs. 15/- and Rs. 500/- for diagnosis and treatment of diarrhoea.

Only 3 respondents said they had utilized the services of any private facility for diagnosis and treatment of ARI. On average, they incurred Rs. 103.35 on it ranging between Rs. 50/- and Rs. 200/-. Similarly, 3 respondents reported to have utilized the services of any private facility for diagnosis and treatment of some eye problems and on average, they spent Rs. 500, with range between Rs. 400/- and Rs. 700/-.

Pregnancy, Delivery and Postnatal Complications

Only 3 respondents pointed out to have utilized the services of any private facility for pregnancy complications. On average, they spent Rs. 613.30 on diagnosis and treatment of pregnancy complications. Only one respondent reported to have spent Rs. 400 for delivery complications. Only 3 respondents reported to have incurred, on average, Rs. 280/- on post delivery complications, with range of Rs 40/- and Rs. 500/-.

Delivery

As many as 90 respondents availed the services of some private facility for normal delivery. On average, they spent Rs. 293/- for it ranging between Rs. 250/- and Rs. 500/-. A total of 11 respondents reported to have utilized the services of some private facility for caesarian section and on average, Rs. 3664/- were spent with range between Rs. 1000/- and Rs. 4500/-.

4.8 KNOWLEDGE ABOUT KGVK

Ninety three percent of respondents (in the re-survey) knew KGVK as a charitable organization, while 68.6 percent knew it as a non-profit making organization and around one-third stated as a profit making organization (Table 4.9).

Table 4.9: Knowledge about KGVK

Knowledge* about KGVK as a	Percentage (N=105)
Profit making organization	32.4
Non-profit making organization	68.6
Charitable Organization	93.3

***** Multiple responses

On asking what they would prefer to call KGVK, 89.5 percent of them preferred to call it a charitable organization, while 7.6 percent and 2.9 percent would prefer it as a profit making and a non-profit making organization respectively (Table 4.10).

Table 4.10: Preference to Call KGVK as a Organization

Organization	Percentage (N=105)
Profit making	7.6
Non-profit making	2.9
Charitable	89.5

The main reason for preferring KGVK as a profit making organization was that treatments were not free. Treatments were less expensive, which is why they preferred to say it as a non-profit organization. Availability of treatment free of cost or at lesser cost and in villages was reported to be the main reason for preferring KGVK as a charitable organization.

CHAPTER V

WILLINGNESS TO AVAIL AND PAY FOR KGVK HEALTH SERVICES

Information on willingness to avail services, amount to pay and perception on quality of KGVK services were collected from respondents. Information on these parameters have been analyzed, presented and discussed in this chapter.

5.1 WILLINGNESS TO PAY FOR COMPREHENSIVE HEALTH INSURANCE

A total of 105 respondents covered under the re-survey to obtain supplement on certain specific objectives were included in this segment. A vast majority of respondents (88%) had shown their willingness to pay for comprehensive health insurance for the entire family for both OPD services with investigations and indoor services (85%) and indoor services only (3%), while 12 percent of respondents were not interested to have any comprehensive health insurance for their entire family (Table 5.1).

Responses on willingness to pay for comprehensive health insurance were cross-tabulated by household income per month and educational level of respondents.

Table 5.1: Willingness to Pay for Comprehensive Health Insurance

(Percentage)

Willingness to pay for	**All**	**Monthly Household Income (in Rs.)**		**Educational level**			
		≤2000	**2000+**	**Below primary**	**Primary**	**Middle**	**High School+**
Both OPD services with investigations & indoor services	84.8	85.9	81.5	76.3	87.0	82.4	96.3
Only indoor services	2.9	2.6	3.7	5.3	-	-	3.7
None	12.4	11.5	14.8	18.4	13.0	17.6	-
Total	**100.0 (105)**	**100.0 (78)**	**100.0 (27)**	**100.0 (38)**	**100.0 (23)**	**100.0 (17)**	**100.0 (27)**

Note: Figures within parentheses indicate absolute numbers.

5.2 WILLINGNESS TO PAY PREMIUM FOR COMPREHENSIVE HEALTH INSURANCE

All respondents, who expressed their willingness to pay for comprehensive health insurance, were further asked how much amount they would like to pay. About 54% were willing to pay less than Rs. 25/- per month, while 23 percent desired to pay between Rs. 26-50 per month. On average, they were willing to pay Rs. 42 per month for this comprehensive health insurance (Table 5.2).

As evident from the table that those respondents whose monthly household income was upto Rs. 2000/-, were willing to pay about Rs. 32/- per month, while respondents with monthly household income more than Rs. 2000/- had shown their willingness to pay about Rs. 71/- per month.

Table 5.2: Willingness to Pay for Comprehensive Health Insurance

(Percentage)

Amount willing to pay per month (in Rs.)	**All**	**Monthly Household Income (in Rs.)**		**Educational level**			
		≤2000	**2000+**	**Below Primary**	**Primary**	**Middle**	**High School+**
<25	54.3	62.3	30.4	58.1	60.0	28.6	59.3
26-50	22.8	21.7	26.1	25.8	20.0	28.6	18.5
51-75	4.3	2.9	8.7	6.4	-	7.1	3.7
76-100	12.0	10.1	17.4	6.4	15.0	21.4	11.1
>100	6.5	2.9	17.4	3.2	5.0	14.3	7.4
Total	**100.0 (92)**	**100.0 (69)**	**100.0 (23)**	**100.0 (31)**	**100.0 (20)**	**100.0 (14)**	**100.0 (27)**
Average amount (in Rs.)	**42.10**	**32.45**	**70.95**	**35.10**	**40.70**	**61.50**	**41.10**

Note: Figures within parentheses indicate absolute numbers.

5.3 WILLINGNESS TO PAY PREMIUM TO KGVK FOR ANTE-NATAL, NATAL AND POST-NATAL PACKAGE

All respondents were asked how much they would be ready to pay to KGVK for comprehensive ante-natal care including ante-natal check-ups, TT, IFA tablets and delivery at KGVK hospitals. Table 5.3 provides such data.

Table 5.3: Amount (in Rs.) Willing to Pay to KGVK for Comprehensive Ante-natal Care

(Percentage)

Amount (in Rs)	All	Monthly Household Income		Educational level			
		≤2000	2000+	Below Primary	Primary	Middle	High School+
≤ 200	61.9	64.1	55.6	73.7	69.6	64.7	37.0
201-300	25.7	24.4	29.6	18.4	30.4	23.5	33.3
301-400	3.8	3.8	3.7	5.3	-	-	7.4
401-500	2.9	2.6	3.7	-	-	-	11.1
>500	5.7	5.1	7.4	2.6	-	11.8	11.1
Total	**100.0 (105)**	**100.0 (78)**	**100.0 (27)**	**100.0 (38)**	**100.0 (23)**	**100.0 (17)**	**100.0 (27)**
Average	**184.60**	**179.20**	**200.00**	**152.60**	**145.65**	**193.75**	**257.40**

Note: Figures within parentheses indicate absolute numbers.

Majority of respondents (62%) were ready to pay less than Rs. 200 to KGVK for comprehensive ante-natal care, while one-fourth were willing to pay between Rs. 201 and Rs. 300/-. On average, they were willing to pay Rs. 184.60 to KGVK for comprehensive ante-natal care including ante-natal check-ups, TT, IFA and delivery at KGVK hospital.

The data on amount willing to pay to KGVK for comprehensive ante-natal care were cross classified by monthly household income and educational level attained by respondents. The average amount willing to pay for this comprehensive ante-natal care had positive relationship with monthly household income and educational level of respondents. This average amount was Rs. 179.20 for those respondents whose household income was Rs. 2000 on less per month, but it increased to Rs. 200 for those whose household income exceeded Rs. 2000 per month. Similarly this average amount was around Rs. 150 for those who were having primary level education, but it increased to Rs. 257.40 for those whose level of education was at least high school (Table 5.3).

5.4 WILLINGNESS TO AVAIL TYPE OF SERVICES FROM KGVK FACILITIES

All the respondents were asked which type of services they would like to avail from KGVK hospitals or HC. Table 5.4 provides such information on type of services and the source for availing the services.

Table 5.4: Type of Services Willing to Avail from KGVK Facilities

Facility	Type of Services
At KGVK Hospital	
Services :	Outdoor Consultancy, Indoor Services
Investigations Facilities :	Blood, Urine, Stool, X-ray, ECG
Operation (Surgery) :	Major, Minor, Family planning
Obstetric Services :	Delivery — C-Section, Normal
Diagnosis and Treatment of Emergency and General Illness :	Antenatal, natal and postnatal complications, Malaria, Leprosy, RTIs/STIs, Diarrhoea, Eye problems, Fever, Cough and Cold etc.
Water Testing Facilities :	Sample testing
Family Planning :	Condoms/OCPs distribution, Cu-T insertion, Counseling
At KGVK Sub-Centres	First Aid facility, Weekly Consultation with the doctor, Preparation for slide for malaria ANC check-up, Counselling of FP, Nutrition, Immunization of children

All respondents desired to avail of outdoor consultancy and indoor services at the KGVK hospitals. All had expressed their willingness to have investigations/tests, such as blood, urine and stool tests, X-ray and ECG, all major and minor operations and delivery, water testing facility, family planning services, diagnosis and treatment of malaria, leprosy, diarrhoea, ARI, RTIs/STIs, eye problems and pregnancy, delivery and post-delivery complications at the KGVK hospitals.

Also, all desired to have first aid, weekly consultation with the doctor, preparation of slide for malaria, ante-natal check-ups, counseling on family planning and nutrition and immunization of children at the KGVK centres.

5.5 REASONS FOR PREFERRING THE KGVK FACILITIES

All the respondents who desired to have the services at the KGVK hospitals, were further asked the reasons for their preference. 'Nearness of the hospital to their resident' (81.9%), 'reasonable and affordable cost' (69.5%) and `no transport problem to go to the hospital' (32.4%) were reported to be the main reasons for preferring the KGVK hospitals. The other reasons were: 'availability of doctors all the time' (9.5%) and 'availability of wider range of services at the hospitals' (7.6%). More or less the same reasons were noticed for preferring the KGVK health centres for availing the services (Table 5.5).

Table 5.5: Reasons for Preference to KGVK Facilities

(Percentage)

Reasons*	**KGVK Hospital**	**KGVK Sub-centres**
Nearby to the residence	81.9 (86)	93.3 (98)
Reasonable and affordable cost	69.5 (73)	34.3 (36)
No transport problem to go to the health facility	32.4 (34)	43.8 (46)
Availability of doctors all the time	9.5 (10)	0.0 (0)
Availability of wider range of services	7.6 (8)	1.0 (1)
Good behaviour of staff	6.7 (7)	16.2(17)
Others	2.9 (3)	1.9 (2)

***** Multiple responses

Note: Figures within parentheses indicate absolute numbers.

CHAPTER VI

VIEWS OF SERVICE PROVIDERS

In all, 7 ANMs, 16 TBAs, 11 KGVK health workers, 10 private health service providers, 13 chemists and 18 members of the Health samitis in the sampled area were contacted and interviewed to assess the services they were providing in the area, awareness of KGVK facilities and their perception about the services being provided by KGVK health workers and how they would like to be associated with the KGVK activities. Their responses have been analysed, presented and discussed in this chapter.

6.1 AUXILLIARY NURSE MIDWIVES (ANMs)

Profile: In all, 7 ANMs were contacted in the sampled area. Their average age worked out to be 36 years. Majority of them (5) were in age group of 31-40 years. On average, they have been serving for the last 16 years in the present sub-centre. Five of them were residing in the sub-centre village itself, while 2 were in some neighbouring village. Four of them had school education, while 3 studied up to middle level. All (except one) were having professional qualification to work as ANM.

Services being provided: All were providing antenatal, natal and post-natal care services, immunisation of children, counseling for family planning to eligible couples, distribution of contraceptives and insertion of Cu-T, referral for clinical family planning methods and treatment of minor ailments such as, diarrhoea among children, fever, malaria, cough & cold etc. Normally, they do not conduct deliveries. Deliveries are being conducted by TBAs. If there is any problem during delivery, they are called to assist or advise. Mostly they have paracetamol tablets for treatment of fever, ORS packets, IFA tablets, contraceptives and Cu-T at their sub-centre. On the day of immunization of children, vaccinations are procured from the PHC/CHC.

Awareness of KGVK health facilities: All of them were aware of KGVK health sub-centres in their area, while 6 knew about existence of KGVK hospital. In their opinion, KGVK health facilities were doing good work in the areas by providing health and family welfare services to the people. Some of them pointed out organization of health camps from time to time by KGVK. All, except 2 ANMs, desired to be associated with KGVK health facilities. To strengthen association, they suggested that there should be sub centre in each and every village and a doctor should be deployed to visit sub-centre at least once in a week. All medicines should be made available to the patients at the sub-centre. They would like to be associated with distribution of contraceptives, medicines for minor ailments and dissemination of information on health and sanitation.

6.2 TRADITIONAL BIRTH ATTENDANTS (TBAs)

Profile: Out of 16 TBAs interviewed under the study, 12 had crossed 40 years and 4 were in their thirties. Their average age was around 44 years. Thirteen of them were residing in the same village where they were working. On average, they have been working as TBA for the last 22 years. All of them were illiterate.

Training status: All (except one) received training to work as dai. Eight received training at KGVK and 7 at some Government facility. One TBA did not receive any training but had shown her willingness to undergo for training at KGVK.

Services being provided: On average, 41 deliveries were conducted by them during the last one year. Mostly clients contacted them for conducting delivery (16), post-natal care (13), cutting cord (12) and pre-natal care services (9). Only 6 TBAs reported to be using DDK in conducting deliveries. All 6 TBAs pointed out that DDK was arranged by family. Out of 10 TBAs, who were not using DDK, only 2 had shown their awareness about DDK and they were not using DDK due to its non-availability.

Awareness of KGVK health facilities: All TBAs were aware of the existence of KGVK health centres and hospitals. All of them desired to be associated with the KGVK health facilities. They would like to be associated in distributing of ORS packets, IFA tablets, condoms and oral pills, assisting in organizing health camps by KGVK, arranging meetings at village level to create awareness among people about sanitation and personal hygiene.

6.3 KGVK HEALTH WORKERS

Profile: Of 11 KGVK health workers interviewed under the study, 6 were in age group of 20-25 years and 3 were in 26-30 years. Their average age worked out to be 29 years. On average, they have been serving as a KGVK health worker for the last 7 years, but in the present sub-centre, they have been working for the last 5 years. Of these 11, 9 were residing in the sub-centre village. Ten of them had at least high school level education. All of them received training to work as a health worker. On average, they earn Rs. 975/- per month from the sub-centre (inclusive of Rs. 500 as honorarium).

Services being provided at the subcentre: Mostly, they were providing ANC & PNC services, counseling for family planning, distribution of condoms, oral pills and ORS packets, immunization of children, treatment of cases of fever, diarrhoea and malaria and dressing of wounds and awareness creation about health, sanitation and personal hygiene. Only 6 health workers perceived that the services provided at the sub-centre were adequate to take care of health problems in the community. Among those who perceived services as inadequate, most of them desired availability of doctor at the sub-centre everyday should be ensured. Some of them pointed out that medicines and treatment should be made free at least for those who could not afford their cost. On average, they were spending 15 hours per week in OPD, 18 hours in field work and 5 hours in attending meetings. In all, 8 of them reported that community at large was

satisfied with the services provided at the sub-centre. Non-availability of all medicines, vaccines for immunization of children and Cu-T was also reported to be a main reason for the community's dissatisfaction.

Interaction with Health Samiti, TBAs and Private Health Service Providers: Health samitis were providing help/support to health workers in creating awareness about family planning, cleanliness, sanitation and personal hygiene and KGVK health facilities and organizing campaign for immunization of children. They also provide help/support in repairing of KGVK HC. Seven and 3 out of 11 health workers reported interaction with TBAs and private health service providers respectively. Mostly TBAs were interacting with KGVK health workers during complicated deliveries and when they were in need of some medicines, injections and DDK. To make interaction strengthened, both TBAs and private health services providers should be given training at KGVK and some monetary benefit should be provided to them.

6.4 PRIVATE HEALTH SERVICE PROVIDERS

Profile: In all, 10 private health service providers were contacted under the study. Of these, 3 were in age group of 26-30 years, 3 in 31-40 years and 4 had crossed 40 years. Their average age was about 40 years. Out of them, 8 were males and 2 were females. On average, they had an experience of 15 years. Out of them, 6 were RMPs, 2 were qualified doctors with MBBS and two were doctors of India Systems of Medicines and Naturopathy.

Services Being Provided: Mostly they were providing services of general medicines (10), family planning (7), RTI treatment (6) and treatment of infectious diseases (6). However, 4 and 3 were providing services for skin diseases and sexual problems and tuberculosis respectively.

Working Pattern: On average, they were working about 10 hours per day. They were charging Rs. 40 from a new patient and Rs. 18/- from an old patient. On average, daily they were attending about 10 patients (6 new and 4 old). Out of them, 6 were giving medicines on site and 4 were providing prescription. All of them reported referring of patients to doctors or hospitals in case of any necessity. Out of them, 7 were referring to any Govt. doctor/hospital and 3 to some private doctors.

Stocking of Health and Family Planning-related Products: Most of the private health service providers were keeping stock of condom (7), oral pills (7), disinfectant solutions (4), cotton wool (4), disposable syringes (5) and chloroquine tablets (6). Not a single private health service provider was keeping stock of Cu-T, injectables, sanitary napkins, nutrition supplements, nappies, mosquito nets and repellant. Only one each had a stock of water filter, soap (lifebuoy), ORT and candle with cetronella oil.

Brands of condom in stock were deluxe, rakshak, nirodh and mithun. Cost per packet of condoms varied between Rs. 2 for deluxe and nirodh and Rs. 5 for rakshak and mithun brand. Mostly brands of pills available in stock were mala-D, Saheli, pearls and

lendiyal. The cost per strip of 30 pills ranged between Rs. 2 for mala D and Rs. 9 for lendiyal.

In disinfectant solutions, only dettol was stocked. The cost per bottle of dettol was about Rs. 10/-. Under cotton wool brands were cotton, anand and swastik. Its cost varied between Rs. 2 for swastik and Rs. 25 for anand brand.

Disposable Syringes and Chloroquine: Dispovan, swastik, alkama were the brands that were stocked. Their cost varied between Rs. 2 for dispovan and Rs. 5 for swastik. Brands of chloroquine in stock were larigo, mihia, bayer, welcome and albedite. Their cost ranged between Rs. 6 for 10 tablets and Rs. 12 for welcome.

Almost all service providers could not tell about their monthly sale of the products.

Awareness of KGVK Health Sub-centre and Linkages with CBIS programme of KGVK: Nine service providers knew about KGVK health sub-centre. Seven out of 10 perceived that it would be useful for them to link up with the proposed CBIS programme of the KGVK. Out of these 7 service providers, 5 opined that the programme would be useful in availing of laboratory services, while 4 perceived that it would be useful in receiving training in rational diagnosis and treatment. However, three service providers felt usefulness in developing referral network with KGVK and two felt it should be on profit sharing basis.

6.5 CHEMISTS

Profile: In all, 13 chemists were interviewed in the sampled area. Majority of the chemists were in age brackets of 31-40 years, while 2 in 26-30 years and 3 had crossed 40 years. Their average age was about 38 years. Seven were graduate and above, 3 were high school passed and 3 had completed Senior Secondary level education. Seven were residing in the same village, while 6 were staying in some neighbouring village.

Functioning of shop: On average, they have been running the present shop for the last eight years. Average duration for the shop was about 12 hours and there was no day in a week when they kept the shop closed. They opened the shop all the days in a week. Not a single chemist was a stockist of any health and family planning product.

Stocking of Health and Family Planning-related Products: Most of the chemists were keeping stock of condoms (12), pills (12), sanitary napkins (9), disinfectant solutions (13), cotton wool (11), IFA tablets (11) and chloroquine (13). Blades and soap were in stock with only 2-3 chemists. The other products were not available with chemists.

Condoms and Oral Pills: The brands of condom available in stock with chemists were nirodh deluxe, milan, mithun, kohinoor and bliss. The costs of the brand for a packet of condoms were Rs. 2/- for nirodh deluxe and Rs. 5 for mithun. Their monthly sale of various brands of condom ranged between Rs. 50 and Rs. 500/-. The brands of pills were arphan, mala-D, apsara and saheli. Their cost was between Rs. 2-4 per strip of 30 tablets, their monthly sale ranged between Rs. 50 to Rs. 300/-.

Sanitary Napkins: Carefree and stayfree (Johnson & Johnson) were the brands of sanitary napkins available in stock with chemists contacted. The cost of carefree brand was Rs. 42, while it was about Rs. 22 for stayfree. The monthly sale of chemists varied between Rs. 350 and Rs. 1200.

Disinfectant Solutions and Cotton Wool: Only dettol brand was available with the chemists. It cost was about Rs. 10-12 per bottle of dettol. Their monthly sale ranged between Rs. 30 and Rs. 500/-. Cotton, absorbin, shanti and bharat sugar were some of the brands of cotton wool that were in stock with chemists. Its cost varied between Rs. 5/- and Rs. 25/-. Their monthly sale ranged between Rs. 50/- and Rs. 500/-.

6.6 HEALTH SAMITIS

In all, 18 health samitis were contacted under the study. Only one samiti was registered. There were 11 members in a samiti on average. One member of each samiti was interviewed.

Profile of Members Interviewed: Among all, 10 were in age group of 20-29, while 3 were in thirties and 5 had crossed 40 years. Their average age was about 32 years. Seven members had high school education, while 4 had completed Senior Secondary School examination and two were graduates. Only 5 had studied up to middle level. All of them were residents of the village where they were contacted for interview. They have been residing in this very village for the last 30 years on average. Four of them were elected, while 14 were appointed to this position.

Objectives of Health Samiti: The main objectives of health samiti as reported by members were:

i) To make aware of the community about basic health services and ensure that they should receive these services
ii) To create awareness in community about health, sanitation and personal hygiene
iii) To ensure routine ante-natal care services to pregnant women and timely immunization of children
iv) To create awareness among eligible couples for family planning and counseling for adopting any family planning method

Mostly members were committed and were well aware of their responsibilities. All of them were of this opinion that there was a great impact on community in terms of awareness about health and family planning services.